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| United States Bankruptcy Court Middle District of Florida   |   |   |   | Vol  | untary Petition   |                              |  |   |
|---|---|---|---|--|---|------------------------------|--|---|
| Name of Debtor (if individual, enter Last, First, Midd<br>Hickey, Richard G. Jr.  | lle):   |   | Name of Jo<br>Hickey,   |  | · I   | (Last, First,                | Middle):                                 |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  Richard Gregory Hickey, Jr.  All Other Names (include married, Cindy Robin)                               |   |   | arried, m   | aiden, and   |   |                              | years                                    |   |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):  Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (if more than one, state all):  5239 |   |   | D. (ITIN) /Complete EIN   |  |   |                              |  |   |
| Street Address of Debtor (No. & Street, City, State & Zip Code):  1785 Four Mile Cove Parkwy, Ste 342   |   | Street Address of Joint Debtor (No. & Street, City, State & Zip Code):  1785 Four Mile Cove Parkwy, Ste 342 |   |  |   | te & Zip Code):              |  |   |
| Cape Coral, FL  | ZIPCODE 33  | 990   | Cape Coral, FL ZIPCODE 3399   |  |   | ZIPCODE <b>33990</b>         |  |   |
| County of Residence or of the Principal Place of Bus  | iness:  |   | County of Residence or of the Principal Place of Business: Lee  |  |   |                              | less:                                    |   |
| Mailing Address of Debtor (if different from street ad  | ldress)   |   | Mailing Ac  | ddress of  | Joint Debt  | or (if differer              | nt from stre                             | et address):  |
| [   | ZIPCODE   |   | 1   |  |   |                              | [:                                       | ZIPCODE   |
| Location of Principal Assets of Business Debtor (if d   | ifferent from str   | eet address ab  | ove):   |  |   |                              |  |   |
|   |   |   |   |  |   |                              | [:                                       | ZIPCODE   |
|   |   |   | ankruptcy Code Under Which on is Filed (Check one box.)  Chapter 15 Petition for Recognition of a Foreign Main Proceeding Chapter 15 Petition for |  |   |                              |  |   |
| Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.)  | Commod  | Stockbroker Chapter 13 Clearing Bank  |   |  |   |                              | ognition of a Foreign<br>main Proceeding |   |
| Chapter 15 Debtor Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:  | Chapter 15 Debtor Country of debtor's center of main interests:  Tax-Exempt Entity (Check box, if applicable.)  Cach country in which a foreign proceeding by,  Tax-Exempt Entity (Check box, if applicable.)  Debtor is a tax-exempt organization under individual primary |   |   | s are primaril, defined in 1 (8) as "incuridual primaril | (Check one box.) rily consumer Debts are primarily 11 U.S.C. business debts. urred by an rily for a |                              |  |   |
|   |   | of the United S<br>Revenue Code)  | ,   | ne   |   | nal, family, o<br>purpose."  | i nouse-                                 |   |
| Filing Fee (Check one box)  | _   |   |   |  | Chapte  | er 11 Debtors                | s  |   |
| Full Filing Fee attached Filing Fee to be paid in installments (Applicable to   | individuals   |   | oox:<br>a small busir<br>not a small b  |  |   |                              |  |   |
| only). Must attach signed application for the court' consideration certifying that the debtor is unable to except in installments. Rule 1006(b). See Official   | s pay fee   | than \$2,49   |   | subject to   | adjustment  | on 4/01/16 and               | l every three                            | o insiders or affiliates) are less years thereafter). |
| Filing Fee waiver requested (Applicable to chapter only). Must attach signed application for the court consideration. See Official Form 3B.   |   | Check all ap  | pplicable box<br>being filed w  | vith this p  | etition<br>olicited pre   |                              |  | re classes of creditors, in                           |
| Statistical/Administrative Information  Debtor estimates that funds will be available for or Debtor estimates that, after any exempt property distribution to unsecured creditors.                            |   |   |   | id, there v  | will be no  | funds availab                | le for                                   | THIS SPACE IS FOR<br>COURT USE ONLY                   |
| Estimated Number of Creditors   | П   |   |   | Н  | F   | <b>-</b> 1                   |  |   |
| 1-49 50-99 100-199 200-999 1,00<br>5,00   | ,   |   | 001-  | 25,001-<br>50,000  | . 5   | 0,001-<br>00,000             | Over 100,000                             |   |
| Estimated Assets  \$\ \begin{array}{ c c c c c c c c c c c c c c c c c c c  |   | 000,001 \$50<br>50 million \$10   | 0,000,001 to<br>00 million  | \$100,00<br>to \$500                                     | 00,001 \$   | 500,000,001<br>\$1 billion   | More than \$1 billion                    |   |
| Estimated Liabilities   |   | 000,001 \$50<br>50 million \$10   |   | \$100,00<br>to \$500                                     | 00,001 \$   | 500,000,001<br>s \$1 billion | More than                                |   |

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B1 (Official Form 1) (04/13) Page 2 Name of Debtor(s): Voluntary Petition Hickey, Richard G. Jr. & Hickey, Cindy R. (This page must be completed and filed in every case) All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) Date Filed: Case Number: Location 9-98-Bk-20193 11-17-1998 Where Filed: Fort Myers Middle District Date Filed: Location Case Number: Where Filed: N/A Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Case Number: Date Filed: Name of Debtor: None District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms (To be completed if debtor is an individual 10K and 10Q) with the Securities and Exchange Commission pursuant to whose debts are primarily consumer debts.) Section 13 or 15(d) of the Securities Exchange Act of 1934 and is I, the attorney for the petitioner named in the foregoing petition, declare requesting relief under chapter 11.) that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have Exhibit A is attached and made a part of this petition. explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ Robert S. Cohen 7/10/13 Signature of Attorney for Debtor(s) Date **Exhibit C** Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. **▼** No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hickey, Richard G. Jr. & Hickey, Cindy R.

### **Signatures**

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Richard G. Hickey, Jr.

Signature of Debtor

Richard G. Hickey, Jr.

X /s/ Cindy R. Hickey

Signature of Joint Debtor

Cindy R. Hickey

Telephone Number (If not represented by attorney)

July 10, 2013

Date

### Signature of Attorney\*



Signature of Attorney for Debtor(s)

Robert S. Cohen 564079 Cohen & Kendziorra, P.A. 5235 Ramsey Way, Ste 12 Fort Myers, FL 33907 (239) 931-1111 Fax: (239) 931-1114 cokenpa2@yahoo.com

### July 10, 2013

Date

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature of  | Authorized I  | ndividual     |   |  |
|---------------|---------------|---------------|---|--|
| Printed Nam   | e of Authoriz | zed Individua | [ |  |
| Title of Auth | orized Indivi | idual         |   |  |

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Date

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| ignature  | of Foreign Represe | entative    |  |
|-----------|--------------------|-------------|--|
|           |                    |             |  |
| rinted Na | ıme of Foreign Rep | resentative |  |

### Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address |  |  |   |
|---------|--|--|---|
|         |  |  |   |
|         |  |  | _ |

| Signature |           |
|-----------|-----------|
|           | Signature |

Dat

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup>In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

B1D (Official Form 1, Exhibit D) (12/09)

# **United States Bankruptcy Court**

| Middle District   | of Florida   |
|---|--|
| IN RE:  | Case No  |
| Hickey, Richard G. Jr.  | Chapter 7  |
| Debtor(s)  EXHIBIT D - INDIVIDUAL DEBTOR'S  CREDIT COUNSELING   |  |
| Warning: You must be able to check truthfully one of the five stated do so, you are not eligible to file a bankruptcy case, and the court c whatever filing fee you paid, and your creditors will be able to resu and you file another bankruptcy case later, you may be required to to stop creditors' collection activities.  | an dismiss any case you do file. If that happens, you will lose<br>time collection activities against you. If your case is dismissed   |
| Every individual debtor must file this Exhibit D. If a joint petition is filed one of the five statements below and attach any documents as directed.   |  |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> , I the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, and I have a certificate from the age certificate and a copy of any debt repayment plan developed through the   | opportunities for available credit counseling and assisted me in gency describing the services provided to me. Attach a copy of the  |
| 2. Within the 180 days <b>before the filing of my bankruptcy case</b> , I the United States trustee or bankruptcy administrator that outlined the performing a related budget analysis, but I do not have a certificate from a copy of a certificate from the agency describing the services provided the agency no later than 14 days after your bankruptcy case is filed.                     | opportunities for available credit counseling and assisted me in the agency describing the services provided to me. You must file  |
| 3. I certify that I requested credit counseling services from an approved any from the time I made my request, and the following exigent cirrequirement so I can file my bankruptcy case now. [Summarize exigent]   | rcumstances merit a temporary waiver of the credit counseling  |
| If your certification is satisfactory to the court, you must still obtai<br>you file your bankruptcy petition and promptly file a certificate from<br>of any debt management plan developed through the agency. Failur<br>case. Any extension of the 30-day deadline can be granted only for a<br>also be dismissed if the court is not satisfied with your reasons for<br>counseling briefing. | the agency that provided the counseling, together with a copy<br>re to fulfill these requirements may result in dismissal of your<br>cause and is limited to a maximum of 15 days. Your case may |
| <ul> <li>4. I am not required to receive a credit counseling briefing because o motion for determination by the court.]</li> <li>Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by re</li> </ul>   |  |
| of realizing and making rational decisions with respect to finance.  Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically imparticipate in a credit counseling briefing in person, by telephon.  Active military duty in a military combat zone.   | ial responsibilities.); paired to the extent of being unable, after reasonable effort, to  |
| 5. The United States trustee or bankruptcy administrator has determidoes not apply in this district.  | ned that the credit counseling requirement of 11 U.S.C. § 109(h)   |
| I certify under penalty of perjury that the information provided ab   | ove is true and correct.   |

Signature of Debtor: /s/ Richard G. Hickey, Jr.

Date: July 10, 2013

B1D (Official Form 1, Exhibit D) (12/09)

Signature of Debtor: /s/ Cindy R. Hickey

Date: July 10, 2013

### United States Bankruptcy Court Middle District of Florida

| Middle Distri  | ct of Florida  |
|--|--|
| IN RE:   | Case No  |
| Hickey, Cindy R.   | Chapter <u>7</u>   |
| Debtor(s)  EXHIBIT D - INDIVIDUAL DEBTOR  CREDIT COUNSELI  |  |
| Warning: You must be able to check truthfully one of the five stands so, you are not eligible to file a bankruptcy case, and the count whatever filing fee you paid, and your creditors will be able to rand you file another bankruptcy case later, you may be required to stop creditors' collection activities.   | rt can dismiss any case you do file. If that happens, you will lose<br>resume collection activities against you. If your case is dismissed   |
| Every individual debtor must file this Exhibit D. If a joint petition is fi<br>one of the five statements below and attach any documents as direct   |  |
| 1. Within the 180 days <b>before the filing of my bankruptcy case</b> the United States trustee or bankruptcy administrator that outlined to performing a related budget analysis, and I have a certificate from the certificate and a copy of any debt repayment plan developed throug  | the opportunities for available credit counseling and assisted me in a agency describing the services provided to me. Attach a copy of the   |
| ☐ 2. Within the 180 days <b>before the filing of my bankruptcy case</b> the United States trustee or bankruptcy administrator that outlined t performing a related budget analysis, but I do not have a certificate fina copy of a certificate from the agency describing the services provide the agency no later than 14 days after your bankruptcy case is filed. | the opportunities for available credit counseling and assisted me in<br>from the agency describing the services provided to me. You must file<br>led to you and a copy of any debt repayment plan developed through  |
| 3. I certify that I requested credit counseling services from an app days from the time I made my request, and the following exigent requirement so I can file my bankruptcy case now. [Summarize exig   | circumstances merit a temporary waiver of the credit counseling  |
| of realizing and making rational decisions with respect to fine  | from the agency that provided the counseling, together with a copy flure to fulfill these requirements may result in dismissal of your for cause and is limited to a maximum of 15 days. Your case may for filing your bankruptcy case without first receiving a credit to e of: [Check the applicable statement.] [Must be accompanied by a greason of mental illness or mental deficiency so as to be incapable ancial responsibilities.); impaired to the extent of being unable, after reasonable effort, to |
| 5. The United States trustee or bankruptcy administrator has deterdoes not apply in this district.   | rmined that the credit counseling requirement of 11 U.S.C. § 109(h)  |
| I certify under penalty of perjury that the information provided   | above is true and correct.   |
|  |  |

### UNITED STATES BANKRUPTCY COURT

# NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a joint case (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

B201A (Form 201A) (11/12) Page 2

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11:** Reorganization (\$1167 filing fee, \$46 administrative fee: Total fee \$1213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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Case No. (if known) \_\_\_

# **United States Bankruptcy Court Middle District of Florida**

| IN RE:   | Case No  |   |
|--|--|---|
| Hickey, Richard G. Jr. & Hickey, Cindy R.  | Chapter 7  |   |
| Debtor(s)  |  |   |
| CERTIFICATION OF   | NOTICE TO CONSUMER DEBTOR(S)                           |   |
| UNDER § 342(b)   | OF THE BANKRUPTCY CODE                                 |   |
| Certificate of [Non-A  | ttorney] Bankruptcy Petition Preparer                  |   |
| I, the [non-attorney] bankruptcy petition preparer signing notice, as required by § 342(b) of the Bankruptcy Code. | the debtor's petition, hereby certify that I delivered | ed to the debtor the attached   |
| Printed Name and title, if any, of Bankruptcy Petition Pre Address:  | petition prepare the Social Secu principal, respo      | number (If the bankruptcy<br>er is not an individual, state<br>urity number of the officer,<br>onsible person, or partner of<br>petition preparer.) |
| X  | (Required by 1   | 1 U.S.C. § 110.)  |
| Signature of Bankruptcy Petition Preparer of officer, prin partner whose Social Security number is provided above. |  |   |
| Cer  | tificate of the Debtor                                 |   |
| I (We), the debtor(s), affirm that I (we) have received and  | I read the attached notice, as required by § 342(b)    | of the Bankruptcy Code.   |
| Hickey, Richard G. Jr. & Hickey, Cindy R.  | X /s/ Richard G. Hickey, Jr.                           | 7/10/2013   |
| Printed Name(s) of Debtor(s)   | Signature of Debtor                                    | Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

X /s/ Cindy R. Hickey

Signature of Joint Debtor (if any)

7/10/2013

Date

B6 Summary (Form 6 - Summary) (12/07) Doc 1 Filed 07/10/13 Page 9 of 48

### United States Bankruptcy Court Middle District of Florida

| IN RE:                                    | Case No.  |
|---|-----------|
| Hickey, Richard G. Jr. & Hickey, Cindy R. | Chapter 7 |
| Debtor(s)                                 |           |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS       | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|--------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 0.00      |              |             |
| B - Personal Property  | Yes                  | 3                   | \$ 38,569.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |              |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |              | \$ 19,845.00 |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |              | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 7                   |              | \$ 73,798.00 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |              |              |             |
| H - Codebtors  | Yes                  | 1                   |              |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |              |              | \$ 4,902.58 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 2                   |              |              | \$ 4,814.00 |
|  | TOTAL                | 19                  | \$ 38,569.00 | \$ 93,643.00 |             |

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# **United States Bankruptcy Court Middle District of Florida**

| IN RE:                                    | Case No.  |
|---|-----------|
| Hickey, Richard G. Jr. & Hickey, Cindy R. | Chapter 7 |
| Debtor(s)                                 |           |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

### **State the following:**

| Average Income (from Schedule I, Line 16)   | \$<br>4,902.58 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>4,814.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>1,617.75 |

### State the following:

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |      |      | \$<br>3,282.00  |
|--|------|------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0 | 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      |      | \$<br>0.00      |
| 4. Total from Schedule F   |      |      | \$<br>73,798.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      |      | \$<br>77,080.00 |

| R6A (Official Form 6A) (1) Case 9:13-bk-09050-FMD                 | Doc 1 | Filed 07/10/13 | Page 11 of 48 |
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| IN            | RE  | Hickey     | Richard      | G .lr  | ጲ | Hickey   | / Cindy | ı R   |
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Debtor(s)

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| Lase No | () | - 1 \ | ase | 1 2 |

(If known)

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION | AMOUNT OF SECURED<br>CLAIM |
|--------------------------------------|--|---------------------------------------|--|----------------------------|
| None                                 |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
|                                      |  |                                       |  |                            |
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(Report also on Summary of Schedules)

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(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--|---------------------------------------|--|
| 1.  | Cash on hand.   |                  | cash in wallet   | J                                     | 10.00  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | Bank of America checking account XXXXXX6401  | J                                     | 100.00   |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  |                  | residential security deposit   | J                                     | 835.00   |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | sofa, loveseat, pull out sofa, futon, kitchen table and chairs, misc pots and pans, TVs, , DVD players, beds, dressers, nightstands, lamps, bookcase (2), desktop computer, laptop computer, printer, desk, chair, | J                                     | 1,890.00   |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  |                  | assorted books, DVDs, tapes, wall decor  | J                                     | 60.00  |
| 6.  | Wearing apparel.  |                  | men's clothing women's clothing  | J                                     | 160.00   |
| 7.  | Furs and jewelry.   |                  | wedding bands, costume jewelry, watch  | J                                     | 80.00  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   |                  | camcorder, digital camera  | J                                     | 40.00  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  |                  | Prudential Life Insurance cash value   | W                                     | 2,541.00   |
| 10. | Annuities. Itemize and name each issue.   | Х                |  |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) |                  | FL Prepaid College Fund Plan Number XXXXX7451  | J                                     | 10,390.00  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | Х                |  |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х                |  |                                       |  |

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# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY                          | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |  |
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | Х                |   |                                       |  |
| 16. | Accounts receivable.  | Х                |   |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |   |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  | 2013 tax refund   | J                                     | 3,660.00   |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |   |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |   |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |  |
|     | Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2005 Chrysler Sebring Convertible<br>2012 NIssan Sentra Sedan | J                                     | 4,135.00<br>14,638.00  |
| 26. | Boats, motors, and accessories.   | Х                |   |                                       |  |
| 27. | Aircraft and accessories.   | X                |   |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |   |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |   |                                       |  |
|     | Inventory.  | X                |   |                                       |  |
|     | Animals.  | X                |   |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | ^                |   |                                       |  |
|     |   |                  |   |                                       |  |

| RGR (Official Form GR) (12) GASE 9:13-bk-09050-FMD | Doc 1 | Filed 07/10/13 | Page 14 of 48 |
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# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|--|------------------|--------------------------------------|---------------------------------------|--|
| <ul> <li>33. Farming equipment and implements.</li> <li>34. Farm supplies, chemicals, and feed.</li> <li>35. Other personal property of any kind not already listed. Itemize.</li> </ul> | x x              | assorted hand tools, Dewalt Drill    |                                       | 30.00  |
|  |                  | TO                                   | FAT.                                  | 38 569 00  |

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| Debtor(s) |       |     |     |
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(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY   | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS |
|---|--------------------------------------|-------------------------------|--|
| SCHEDULE B - PERSONAL PROPERTY  |                                      |                               |  |
| cash in wallet  | Art X § 4(a)(2)                      | 10.00                         | 10.00  |
| Bank of America checking account<br>XXXXXX6401  | FSA § 222.25(4)                      | 100.00                        | 100.00   |
| esidential security deposit   | FSA § 222.25(4)                      | 835.00                        | 835.00   |
| sofa, loveseat, pull out sofa, futon, kitchen able and chairs, misc pots and pans, TVs, DVD players, beds, dressers, nightstands, amps, bookcase (2), desktop computer, aptop computer, printer, desk, chair, | Art X § 4(a)(2)                      | 1,890.00                      | 1,890.00   |
| assorted books, DVDs, tapes, wall decor   | Art X § 4(a)(2)<br>FSA § 222.25(4)   | 20.00<br>40.00                | 60.00  |
| nen's clothing<br>women's clothing  | FSA § 222.25(4)                      | 160.00                        | 160.00   |
| wedding bands, costume jewelry, watch   | Art X § 4(a)(2)                      | 80.00                         | 80.00  |
| camcorder, digital camera   | FSA § 222.25(4)                      | 40.00                         | 40.00  |
| Prudential Life Insurance<br>cash value   | FSA § 222.14                         | 2,541.00                      | 2,541.00   |
| FL Prepaid College Fund Plan Number<br>XXXXX7451  | FSA § 222.22                         | 10,390.00                     | 10,390.00  |
| 2013 tax refund   | FSA § 222.25(4)                      | 3,660.00                      | 3,660.00   |
| 2005 Chrysler Sebring Convertible   | FSA § 222.25(1)<br>FSA § 222.25(4)   | 1,000.00<br>3,135.00          | 4,135.00   |
| 2012 Nissan Sentra Sedan  | FSA § 222.25(1)                      | 1,000.00                      | 14,638.00  |
| assorted hand tools, Dewalt Drill   | FSA § 222.25(4)                      | 30.00                         | 30.00  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |
|   |                                      |                               |  |

<sup>\*</sup> Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| IN | $\mathbf{p}\mathbf{F}$ | Hickey   | Richard     | G .lr  | ጲ | Hickey  | Cindy   | ı R  |
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(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT   | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|--------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. XXXX   |          | J                                     | auto Ioan2005 Chrysler Sebring   | T            |              | П        | 1,925.00  |                              |
| Capital One Auto Finance<br>3905 Dallas Parkway<br>Dallas, TX 75093  |          |                                       | Convertible  |              |              |          |   |                              |
|  |          |                                       | VALUE \$ 4,135.00  |              |              |          |   |                              |
| ACCOUNT NO. <b>7XXX</b>  |          | Н                                     | auto Ioan2012 Nissan Sentra Sedan  |              |              |          | 17,920.00   | 3,282.00                     |
| Nissan Motor Acceptance<br>P.O. Box 660366<br>Dallas, TX 75266-0366  |          |                                       |  |              |              |          |   |                              |
|  |          |                                       | VALUE \$ 14,638.00   |              |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  |              |              |          |   |                              |
|  |          |                                       | VALUE \$   | 1            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       |  |              |              |          |   |                              |
|  |          |                                       | VALUE \$   |              | L            | Н        |   |                              |
| <b>0</b> continuation sheets attached  |          |                                       | (Total of the  | Sul<br>nis p |              |          | \$ 19,845.00  | \$ 3,282.00                  |
|  |          |                                       | (Use only on le  |              | Tota<br>page |          | \$ 19,845.00  | \$ 3,282.00                  |

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

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|---|-------|----------------|---------------|--|
|   |       |                |               |  |

Debtor(s

Case No. \_\_\_\_\_(If known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

| may      | need to place an "X" in more than one of these three columns.)  |
|----------|---|
|          | eport the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" ne last sheet of the completed schedule. Report this total also on the Summary of Schedules.   |
| on the   | eport the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed his Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the istical Summary of Certain Liabilities and Related Data.                      |
| liste    | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
| <b>1</b> | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TY       | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|          | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|          | Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
|          | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|          | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|          | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|          | <b>Deposits by individuals</b> Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|          | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|          | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|          | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|          | * Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|          | 0 continuation sheets attached  |

| BGE (Official Form GE) (12 Case 9:13-bk-09050-FMD | Doc 1 | Filed 07/10/13 | Page 18 of 48 |
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### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

|  | _        |                                       |   |            |              |          |                       |
|--|----------|---------------------------------------|---|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 3686   |          | Н                                     | lawsuit filed   |            |              | П        |                       |
| Capital One<br>P.O. Box 30281<br>Salt Lake City, UT 84130-0281   | -        |                                       |   |            |              |          | 7,533.00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:   |            | $\dashv$     | H        | 7,333.00              |
| Zakheim & Lavrar, P.A.<br>1045 S. University Drive, Ste 202<br>Plantation, FL 33324                      | •        |                                       | Capital One   |            |              |          |                       |
| ACCOUNT NO. XXXX   |          | Н                                     |   |            |              | П        |                       |
| Capital One<br>P.O. Box 30281<br>Salt Lake City, UT 84130-0281   |          |                                       |   |            |              |          | 2,487.00              |
| ACCOUNT NO. XXXX   | Т        | w                                     |   |            | $\exists$    | П        | •                     |
| Capital One<br>P.O. Box 30281<br>Salt Lake City, UT 84130-0281   |          |                                       |   |            |              |          | 832.00                |
| <b>6</b> continuation sheets attached  |          |                                       |   | Subt       |              | - 1      | § 10,852.00           |
| commutation sheets attached  |          |                                       | (Total of th  | -          | age          | . t      | ₽ 10,032.00           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules and, if applicable, on the St<br>Summary of Certain Liabilities and Relate | atis       | tica         | al       | \$                    |

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|   |          | ((                                    | Continuation Sheet)   |                |              |          |                       |
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| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                  | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. XXXX  |          | w                                     |   |                |              |          |                       |
| Capital One<br>P.O. Box 30281<br>Salt Lake City, UT 84130-0281  |          |                                       |   |                |              |          | 2,535.00              |
| ACCOUNT NO. 1XXX  |          | Н                                     |   |                |              |          | 2,000.00              |
| Century Link C/O Robinson Reagan And You 105 Broadway, Ste 300 Nashville, TN 37201  |          |                                       |   |                |              |          | 426.00                |
| ACCOUNT NO. XXXX  |          | J                                     |   | T              |              |          | 120100                |
| Citibank<br>P.O. Box 6282<br>Sioux Falls, SD 57117  |          |                                       |   |                |              |          | 4 509 00              |
| ACCOUNT NO. XXXX  |          | Н                                     |   |                |              |          | 1,508.00              |
| Citibank P.O. Box 6282 Sioux Falls, SD 57117  |          |                                       |   |                |              |          | 2 250 00              |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   | $\vdash$       |              |          | 3,250.00              |
| Midland Credit Management Inc<br>8875 Aero Drive, Ste 200<br>San Diegoi, CA 92123-2255                                    |          |                                       | Citibank  |                |              |          |                       |
| ACCOUNT NO. XXXX  | -        | н                                     | Home Depot account  | H              |              |          |                       |
| Citibank P.O. Box 6282 Sioux Falls, SD 57117  |          |                                       |   |                |              |          |                       |
| LOGOVINENO  | _        |                                       | Assignee or other notification for:   | $\vdash$       |              | Н        | 4,324.00              |
| ACCOUNT NO.  Midland Credit Management Inc 8875 Aero Drive, Ste 200 San Diegoi, CA 92123-2255                             |          |                                       | Citibank  |                |              |          |                       |
| Sheet no. <u>1</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          | I                                     | (Total of th  | Sub<br>iis p   |              |          | <b>\$ 12,043.00</b>   |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tica         | n<br>al  | \$                    |

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| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                  |   | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  |              |       | DISPUTED      | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>6724</b>   |   | Н                                     | medicalLee Memorial Hospital  |              |       | П             |                       |
| Financial Credit Service<br>P.O. Box 90<br>Clearwater, FL 33757   |   |                                       |   |              |       |               | 150.00                |
| ACCOUNT NO. <b>0220</b>   |   | Н                                     | medicalLee Memorial Hospital  |              |       | H             | 100.00                |
| Financial Credit Service P.O. Box 90 Clearwater, FL 33757   | - |                                       |   |              |       |               | 450.00                |
| ACCOUNT NO. <b>7061</b>   |   | Н                                     | medicalLee Memorial Hospital  |              |       | Н             | 150.00                |
| Financial Credit Service P.O. Box 90 Clearwater, FL 33757   | _ |                                       |   |              |       |               | 50.00                 |
| ACCOUNT NO. <b>6977</b>   |   | Н                                     | medicalLee Memorial Hospital  |              |       | $\vdash$      |                       |
| Financial Credit Service<br>P.O. Box 90<br>Clearwater, FL 33757   |   |                                       |   |              |       |               | 202.22                |
| ACCOUNT NO. 3835  |   | Н                                     | medicalLee Memorial Hospital  |              |       | $\dashv$      | 300.00                |
| Financial Credit Service P.O. Box 90 Clearwater, FL 33757   |   |                                       | inicalsa. 200 memoriai ricopitai  |              |       |               |                       |
| ACCOUNT NO. <b>3417</b>   |   | Н                                     | medicalLee Memorial Hospital  |              |       | ${\mathbb H}$ | 73.00                 |
| Financial Credit Service P.O. Box 90 Clearwater, FL 33757   |   |                                       | inedicarLee Memorial Prospital  |              |       |               |                       |
|   |   |                                       |   |              |       | Ц             | 3,124.00              |
| ACCOUNT NO. XXXX  | ] | J                                     |   |              |       |               |                       |
| First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117-5529   |   |                                       |   |              |       |               |                       |
| Sheet no. 2 of 6 continuation sheets attached to  |   |                                       |   | C1           | t.c.' |               | 809.00                |
| Sheet no. <b>2</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |   |                                       | (Total of the   | _            | age   | e)            | \$ 4,656.00           |
|   |   |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | als<br>tatis | tica  | n<br>al       | \$                    |

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|--|--|----------|---|---------------|----------|-----------------------|--------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)       | INCLUDING ZIP CODE, AND ACCOUNT NUMBER. ☐ 🖺 🗦 CONSIDERATION FOR CLAIM. IF CLAIM IS |          | CONTINGENT  | UNLIQUIDATED  | DISPUTED | AMOUNT<br>OF<br>CLAIM |              |
| ACCOUNT NO. 4860   |  | Н        | pending lawsuit   | Н             |          | 1                     |              |
| GE Capital<br>P.O. Box 965036<br>Orlando, FL 32896   |  |          | original creditorLowe's Consumer  |               |          |                       | 6 070 00     |
| ACCOUNT NO.  |  |          | Assignee or other notification for:   | Н             |          |                       | 6,276.00     |
| Cavalary SPV II, LLC C/O Hayt, Hayt & Landau, P.L. 7765 SW 87th Avenue, Ste 101 Miami, FL 33173          |  |          | GE Capital  |               |          |                       |              |
| ACCOUNT NO. XXXX   |  | Н        | Walmart account   | П             |          |                       |              |
| GE Capital<br>P.O. Box 965036<br>Orlando, FL 32896   |  |          |   |               |          |                       | 2 205 00     |
| ACCOUNT NO. 5103   |  | Н        |   | Н             |          | $\dashv$              | 2,395.00     |
| GE Money Bank<br>P.O. Box 965005<br>Orlando, FL 32896  |  |          |   |               |          |                       |              |
| LOGOVNENO  |  |          | Acciones or other metitication for  |               |          | $\dashv$              | 5,741.00     |
| Cavalry Portfolio Services, LLC P.O. Box 27288 Tempe, AZ 85285   |  |          | Assignee or other notification for:<br>GE Money Bank  |               |          |                       |              |
| ACCOUNT NO. <b>0XXX</b>  |  | Н        | medical   | Н             |          | $\dashv$              |              |
| Gulf Coast Collection Bureau 5630 Marquesas Circle Sarasota, FL 34233                                    |  |          |   |               |          |                       |              |
|  | L  | Н        | medical   | Н             |          | $\dashv$              | 378.00       |
| ACCOUNT NO. 61XX  Gulf Coast Collection Bureau 5630 Marquesas Circle Sarasota, FL 34233                  |  | <b>"</b> | original creditorAnesthesia Assoc of Cape Coral   |               |          |                       |              |
| 91 4 3 6 6 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | L  |          |   |               |          |                       | 86.00        |
| Sheet no3 of6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |  |          | (Total of th  | _             | age      | )                     | \$ 14,876.00 |
|  |  |          | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | also<br>tatis | tica     | n<br>ıl               | \$           |

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| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED      | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>59XX</b>  |          | Н                                     | medical   |                |              | H             |                       |
| Gulf Coast Collection Bureau<br>5630 Marquesas Circle<br>Sarasota, FL 34233                              |          |                                       |   |                |              |               | 86.00                 |
| ACCOUNT NO. <b>2207</b>  |          | н                                     | medical   |                |              | $\vdash$      | 00.00                 |
| Inpatient Specialist Of Southwest P.O. Box 11155 Belfast, ME 04915                                       |          |                                       |   |                |              |               |                       |
|  |          | ш                                     | modical Los Mamarial Hasith Cyatam  | -              |              | ${oxed}$      | 1,245.00              |
| ACCOUNT NO. XXXX  Merchants Association Collection P.O. Box 972  Tampa, FL 33602-5354                    |          | П                                     | medicalLee Memorial Health System   |                |              |               | 61.00                 |
| ACCOUNT NO. <b>2XXX</b>  |          | Н                                     | medicalLee Memorial Health System   |                |              | H             | 01.00                 |
| Merchants Association Collection<br>P.O. Box 972<br>Tampa, FL 33602-5354                                 |          |                                       |   |                |              |               |                       |
| ACCOUNT NO. XXXX   |          | Н                                     | medicalLee Memorial Health System   | H              |              | ${\mathbb H}$ | 286.00                |
| Merchants Association Collection<br>P.O. Box 972<br>Tampa, FL 33602-5354                                 |          |                                       | •   |                |              |               |                       |
|  |          |                                       |   |                |              | Ц             | 145.00                |
| ACCOUNT NO. 6XXX   | 4        | Н                                     | medialLee Memorial Health System  |                |              |               |                       |
| Merchants Association Collection<br>P.O, Box 972<br>Tampa, FL 33602-5354                                 |          |                                       |   |                |              |               |                       |
|  |          |                                       |   |                |              | Ц             | 71.00                 |
| ACCOUNT NO. XXXX  Merchants Association Collection P.O. Box 972  Tampa, FL 33602-5354                    |          | Н                                     | medicalLee Memorial Health System   |                |              |               |                       |
|  |          |                                       |   |                |              | Ц             | 99.00                 |
| Sheet no4 of6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the   | _              | age          | ) [           | \$ 1,993.00           |
|  |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tica         | n<br>al       | \$                    |

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IN RE Hickey, Richard G. Jr. & Hickey, Cindy R.

| Case No. |
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|  |  | ('       | Continuation Sheet)   |              |          |                       |                                       |
|--|--|----------|---|--------------|----------|-----------------------|---------------------------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                 | OR'S NAME, MAILING ADDRESS ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE |          | CONTINGENT  | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |                                       |
| ACCOUNT NO. 3800   |  | w        | medicalLee Memorial Health System   | П            |          | T                     |                                       |
| Merchants Association Collection<br>P.O. Box 972<br>Tampa, FL 33602-5354   |  |          |   |              |          |                       | 2,179.00                              |
| ACCOUNT NO. 7169   |  | Н        | medicalLee County Emergency Medical Services  |              |          |                       | · · · · · · · · · · · · · · · · · · · |
| Professional Adjustment Corp<br>6314 Corporate Court, Ste B<br>Fort Myers, FL 33919                                      |  |          |   |              |          |                       |                                       |
| ACCOUNT NO. 8679   |  | Н        | medicalRadiology Regional Center  |              |          | -                     | 255.00                                |
| Professional Adjustment Corp<br>6314 Corporate Court, Ste B<br>Fort Myers, FL 33919                                      |  | <b>"</b> | medicalRadiology Regional Center  |              |          |                       | 70.00                                 |
| ACCOUNT NO. 8678   |  | w        | medicalRadiology Regional Center  |              |          | $\top$                |                                       |
| Professional Adjustment Corp<br>6314 Corporate Court, Ste B<br>Fort Myers, FL 33919                                      |  |          |   |              |          |                       |                                       |
| ACCOUNT NO. 5631   |  | Н        |   |              |          |                       | 47.00                                 |
| Security Credit Service<br>2623 W. Oxford Loop<br>Oxford, MS 38655-5442  |  |          |   |              |          |                       | 2.065.00                              |
| ACCOUNT NO. 2081   |  | Н        | pending lawsuit   | H            |          | $\dashv$              | 2,965.00                              |
| Suncoast Schools FCU Attn: Bankruptcy Department P.O. Box 11904 Tampa, FL 33680-1857                                     |  |          | ponumg ranount  |              |          |                       | 20,705.00                             |
| ACCOUNT NO.  | H  |          | Assignee or other notification for:   | Н            |          | $\dashv$              | 20,700.00                             |
| Kass Shuler, P.A. P.O. Box 800 Tampa, FL 33601   |  |          | Suncoast Schools FCU  |              |          |                       |                                       |
| Sheet no <b>5</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |  |          | (Total of th  | -            | age      | )                     | \$ 26,221.00                          |
|  |  |          | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | als          | tica     | n<br>ıl               | \$                                    |

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## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          |                                       | Continuation Succes   | _                  |                      |               |                       |
|---|----------|---------------------------------------|---|--------------------|----------------------|---------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT         | UNLIQUIDATED         | DISPUTED      | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. <b>2XXX</b>   |          | Н                                     |   | H                  |                      | Н             |                       |
| Suncoast Schools FCU Attn: Bankruptcy Department P.O. Box 11904 Tampa, FL 33680-1857                        |          |                                       |   |                    |                      |               | 3,157.00              |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               | ,                     |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               |                       |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               |                       |
|   |          |                                       |   |                    |                      |               |                       |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               |                       |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               |                       |
| ACCOUNT NO.   |          |                                       |   |                    |                      |               |                       |
| Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>is p        | tota                 | al<br>e)      | \$ <b>3,157.00</b>    |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report<br>the Summary of Schedules, and if applicable, on the St<br>Summary of Certain Liabilities and Relate | T<br>alse<br>tatis | Fota<br>o o<br>stica | al<br>n<br>al | \$ 73,798.00          |

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| B6G (Official Form 6G) (12/07) Se 9:13-bk-09050-FMD | Doc 1 | Filed 07/10/13 | Page 25 of 48 |            |
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| IN RE Hickey, Richard G. Jr. & Hickey, Cindy R.     |       |                | Case No       |            |
| Debtor(s)   |       |                |               | (If known) |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT        | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| Gulf Breeze Rentals & Property Mgmt, LLC<br>3321 Del Prado Blvd<br>Cape Coral, FL 33904-0000 | residential leaseone year 1-1-13 to 2-28-14  |
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| B6H (Official Form 6H) (12707) | Doc 1 | Filed 07/10/13 | Page 26 of 48 |  |
|--------------------------------|-------|----------------|---------------|--|
|--------------------------------|-------|----------------|---------------|--|

Debtor(s)

Case No.

(If known)

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
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| Debtor | (0 |
|--------|----|
|        |    |

Case No.

(If known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current

| Debtor's Marital Status  | DEPENDENTS C  | F DEBTOR AND SPOU  | ISE                       |                      |                         |
|--|---|--|---------------------------|----------------------|-------------------------|
| Married  | RELATIONSHIP(S): Son  |  |                           | AGE(S)<br><b>16</b>  | :                       |
| EMPLOYMENT:  | DEBTOR  |  | SPOUSE                    |                      |                         |
| Occupation Name of Employer How long employed Address of Employer  | Ca<br>Cit<br>1 y<br>400   | sh Clerk Supervisory Of Cape Coral Surears and 3 months<br>D Santa Barbara Bl<br>pe Coral, FL 3399 | or<br>unsplash<br>s<br>vd |                      |                         |
| `  | e or projected monthly income at time case filed) salary, and commissions (prorate if not paid mon    | s  | DEBTOR                    | \$                   | SPOUSE<br><b>867.75</b> |
| 3. SUBTOTAL  |   | \$   | 0.00                      | <u>\$</u>            | 867.75                  |
| 4. LESS PAYROLL DEDUCTI a. Payroll taxes and Social Sec b. Insurance c. Union dues                                   |   | \$<br>\$<br>\$<br>\$   |                           | \$<br>\$<br>\$<br>\$ | 138.17                  |
| 5. SUBTOTAL OF PAYROLI   | DEDUCTIONS  |  | 0.00                      | <u>•</u>             | 138.17                  |
| 6. TOTAL NET MONTHLY   |   | \$<br>\$   | 0.00                      |                      | 729.58                  |
| 8. Income from real property 9. Interest and dividends 10. Alimony, maintenance or sughat of dependents listed above | on of business or profession or farm (attach detail pport payments payable to the debtor for the debt | \$<br>\$   |                           | \$<br>\$<br>\$       |                         |
| <ol> <li>Social Security or other gove<br/>(Specify) Social Security</li> </ol>                                      | ernment assistance  | \$   | 2,266.00                  | ¢                    |                         |
| Social Security For 12. Pension or retirement incom  |   | \$<br>\$<br>\$   | 2,200.00                  | \$<br>\$             | 1,157.00                |
| 13. Other monthly income (Specify) Support From Fam  | ily   | \$<br>\$<br>\$   | 750.00                    | \$<br>\$<br>\$       |                         |
| 14. SUBTOTAL OF LINES 7  | THROUGH 13  | \$   | 3,016.00                  | \$                   | 1,157.00                |
|  | NCOME (Add amounts shown on lines 6 and 14  |  | 3,016.00                  |                      | 1,886.58                |

| \$<br>3,016.00 | \$<br>1,886.58 |
|----------------|----------------|
|                | <br>           |

if there is only one debtor repeat total reported on line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

 $_{B6J\,(Official\,Form\,6J)\,(12/07)}$ Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 28 of 48

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IN RE Hickey, Richard G. Jr. & Hickey, Cindy R.

| R. | Case No |
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|    |         |

Debtor(s) (If known)

### SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, |
|--|
| quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed          |
| on Form22A or 22C.   |

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

| 1. Rent or home mortgage payment (include lot rented for mobile home)                                       | \$ | 875.00   |
|---|----|----------|
| a. Are real estate taxes included? Yes No _   |    |          |
| b. Is property insurance included? Yes No   |    |          |
| 2. Utilities:   |    |          |
| a. Electricity and heating fuel   | \$ | 200.00   |
| b. Water and sewer  | \$ |          |
| c. Telephone  | \$ |          |
| d. Other Cable TV, Internet   | \$ | 230.00   |
| Cell Phone  | \$ | 273.00   |
| 3. Home maintenance (repairs and upkeep)  | \$ |          |
| 4. Food   | \$ | 700.00   |
| 5. Clothing   | \$ | 65.00    |
| 6. Laundry and dry cleaning   | \$ | 40.00    |
| 7. Medical and dental expenses  | \$ | 250.00   |
| 8. Transportation (not including car payments)  | \$ | 400.00   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ | 135.00   |
| 10. Charitable contributions  | \$ | 50.00    |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                               |    |          |
| a. Homeowner's or renter's  | \$ |          |
| b. Life   | \$ | 60.00    |
| c. Health   | \$ | 141.00   |
| d. Auto   | \$ | 194.00   |
| e. Other  | \$ |          |
|   | \$ |          |
| 12. Taxes (not deducted from wages or included in home mortgage payments)                                   |    |          |
| (Specify)   | \$ |          |
|   | \$ |          |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan) |    |          |
| a. Auto   | \$ | 356.00   |
| b. Other 2005 Chrysler Sebring  | \$ | 176.00   |
|   | \$ |          |
| 14. Alimony, maintenance, and support paid to others  | \$ |          |
| 15. Payments for support of additional dependents not living at your home                                   | \$ |          |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)            | \$ |          |
| 17. Other See Schedule Attached   | \$ | 669.00   |
|   | \$ |          |
|   | \$ |          |
|   | _  |          |
| <b>18. AVERAGE MONTHLY EXPENSES</b> (Total lines 1-17. Report also on Summary of Schedules and, if          |    |          |
| applicable, on the Statistical Summary of Certain Liabilities and Related Data.                             | \$ | 4,814.00 |

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None** 

### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 4,902.58 |
|--|-------------|
| b. Average monthly expenses from Line 18 above       | \$ 4,814.00 |
| c. Monthly net income (a. minus b.)                  | \$ 88.58    |

## Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 29 of 48

| IN RE Hickey, Richard G. Jr. & Hickey, Cindy R.   | Case No         |  |  |  |
|---|-----------------|--|--|--|
| Debtor(s)   |                 |  |  |  |
| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)  Continuation Sheet - Page 1 of 1 |                 |  |  |  |
| Other Expenses (DEBTOR)   |                 |  |  |  |
| FL Prepaid College  | 49.00           |  |  |  |
| Tolls   | 20.00<br>150.00 |  |  |  |
| School Activities For Zachary Including School Lunches                                      |                 |  |  |  |
| Medical Prescriptions   | 450.00          |  |  |  |

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IN RE Hickey, Richard G. Jr. & Hickey, Cindy R.

member or an authorized agent of the partnership) of the

knowledge, information, and belief.

Debtor(s)

Case No. \_\_

(If known)

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 21 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Signature: /s/ Richard G. Hickey, Jr. Date: July 10, 2013 Debtor Richard G. Hickey, Jr. Signature: /s/ Cindy R. Hickey Date: July 10, 2013 (Joint Debtor, if any) Cindy R. Hickey [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a

Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

(corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_\_ sheets (total shown on summary page plus I), and that they are true and correct to the best of my

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### United States Bankruptcy Court Middle District of Florida

| IN RE:                                    | Case No.  |
|---|-----------|
| Hickey, Richard G. Jr. & Hickey, Cindy R. | Chapter 7 |
| Debtor(s)                                 |           |
| CTATEMENTS OF BINANCIAL AFEAD             | C         |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

### 1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

11,896.00 2012--wages from employment

430.00 2012--business income--husband

86,309.00 2011--employment wages

760.00 2011--business income--husband

6,150.00 2013 to date--employment wages

### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

31,092.00 2012--social security disability--husband

275.00 2011--unemployment compensation

9,996.00 2011--social security disability

15,862.00 2013 to date--social security disability

4,500.00 2013 to date--income from family

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

Capital One Auto Finance

DATES OF PAYMENTS

DATES OF PAYMENTS

PAID

STILL OWING

5/13, 6/13 & 7/13

525.00

1,925.00

3905 Dallas Parkway Dallas, TX 75093-0000

Nissan Motor Acceptance 5/13, 6/13 & 7/13 1,068.00 17,920.00

P.O. Box 660366 Dallas, TX 75266-0366

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

NATURE OF PROCEEDING

Precision Recovery Analytics
Inc, aao GE Money Bank vs.

COURT OR AGENCY

AND LOCATION

County Court

pending

Lee County, FL

Inc, aao GE Money Bank vs. Richard Hickey

Case No. 13-CC-001282

Capital One Bank, N.A. vs. civil County Court pending Richard G. Hickey Lee County, FL

Richard G. Hickey Case No. 12-CC-6161

**Suncoast Schools Federal Credit civil** 

Union vs. Richard G. Hickey, et al

Case No. 12-CA-003538

Circuit Court pending Lee County, FL

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case.

(Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)



None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

DATE OF PAYMENT. NAME OF

PAYOR IF OTHER THAN DEBTOR

| Cohen & Kendziorra, P.A.  | 6-7-13, 6-17-13 & 7-1-13 | 1,500.00 |
|---------------------------|--------------------------|----------|
| 5235 Ramsey Way, Ste 12   |                          |          |
| Fort Myers, FL 33907-0000 |                          |          |
| Cohen & Kendziorra, P.A.  | 7-1-13                   | 306.00   |
| 5235 Ramsey Way, Ste 12   |                          |          |
|                           |                          |          |

Fort Myers, FL 33907-0000

NAME AND ADDRESS OF PAYEE

filing fee

Advisory Credit Management,Inc 7-1-13 30.00

### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE.

RELATIONSHIP TO DEBTOR DATE Larry & Cheryl Lozoraitis 2-27-12

2204 SW 44th Street Cape Coral, FL 33914-0000 unknown

DESCRIBE PROPERTY TRANSFERRED

AMOUNT OF MONEY OR DESCRIPTION

AND VALUE OF PROPERTY

AND VALUE RECEIVED single family residence--none

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 12. Safe deposit boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.



### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 2204 SW 44th Street Cape Coral, FL 33914 NAME USED Richard and Cindy Hickey DATES OF OCCUPANCY 2-24-2000 to 2-27-2012

### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within the **two years** immediately preceding the commencement of this case.

### 20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

### 21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

### 22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

### 23. Withdrawals from a partnership or distributions by a corporation

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

### 24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

### 25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: <b>July 10, 2013</b> | Signature /s/ Richard G. Hickey, Jr. |                        |
|----------------------------|--------------------------------------|------------------------|
|                            | of Debtor                            | Richard G. Hickey, Jr. |
| Date: July 10, 2013        | Signature /s/ Cindy R. Hickey        |                        |
|                            | of Joint Debtor                      | Cindy R. Hickey        |
|                            | (if any)                             |                        |
|                            | <b>0</b> continuation pages attached |                        |
|                            | continuation pages attached          |                        |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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### United States Bankruptcy Court Middle District of Florida

|  | Middle Distr                                | ict of Florida   |  |
|--|---|--|--|
| IN RE:   |   | C  | ase No   |
| Hickey, Richard G. Jr. & Hickey, Cindy R.  |   | C  | hapter 7   |
| Debt   |   |  |  |
|  |   | OR'S STATEMENT OF  |  |
| <b>PART A</b> – Debts secured by property of the e estate. Attach additional pages if necessary.)              | state. (Part A must be                      | fully completed for <b>EACH</b>                              | debt which is secured by property of the                             |
| Property No. 1   |   |  |  |
| Creditor's Name:<br>Capital One Auto Finance   |   | Describe Property Secu<br>2005 Chrysler Sebring C            |  |
| Property will be <i>(check one)</i> :  ☐ Surrendered   |   |  |  |
| If retaining the property, I intend to (check a<br>☐ Redeem the property  ✓ Reaffirm the debt ☐ Other. Explain |   | (for exampl  | le, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is <i>(check one)</i> :  ✓ Claimed as exempt  Not claimed as  | exempt                                      |  |  |
| Property No. 2 (if necessary)  |   |  |  |
| Creditor's Name: Nissan Motor Acceptance   |   | Describe Property Securing Debt:<br>2012 NIssan Sentra Sedan |  |
| Property will be <i>(check one)</i> :  ☐ Surrendered ✓ Retained  |   |  |  |
| If retaining the property, I intend to (check a Redeem the property ▼ Reaffirm the debt □ Other. Explain       |   | (for exampl  | le, avoid lien using 11 U.S.C. § 522(f)).                            |
| Property is <i>(check one)</i> :  ✓ Claimed as exempt  Not claimed as  | exempt                                      |  |  |
| PART B – Personal property subject to unexpiadditional pages if necessary.)                                    | red leases. (All three c                    | olumns of Part B must be co                                  | ompleted for each unexpired lease. Attach                            |
| Property No. 1   |   |  |  |
| Lessor's Name: Gulf Breeze Rentals & Property Mgmt, LLC Describe Leased residential lease                      |   | Property:<br>-one year 1-1-13 to 2-28                        | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ✓ Yes ☐ No |
| Property No. 2 (if necessary)  |   |  |  |
| Lessor's Name: Describe Leased   |   | Property:  | Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ Yes ☐ No |
| continuation sheets attached (if any)  |   |  |  |
| I declare under penalty of perjury that the<br>personal property subject to an unexpired                       |   | intention as to any proper                                   | rty of my estate securing a debt and/or                              |
| Date: July 10, 2013  | /s/ Richard G. Hicke<br>Signature of Debtor | ey, Jr.  |  |

/s/ Cindy R. Hickey
Signature of Joint Debtor

### Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 38 of 48

| B22A (Official Form 22A) (Chapter 7) (04/13)                | According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement): |  |
|---|--|--|
| In re: Hickey, Richard G. Jr. & Hickey, Cindy R.  Debtor(s) | <ul><li>☐ The presumption arises</li><li>☑ The presumption does not arise</li><li>☐ The presumption is temporarily inapplicable.</li></ul> |  |
| Case Number:(Ifknown)                                       |  |  |

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

|    | Part I. MILITARY AND NON-CONSUMER DEBTORS  |  |  |  |  |
|----|--|--|--|--|--|
| 1A | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |  |  |  |  |
| 1A | □ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |  |  |  |  |
| 1B | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |  |  |  |  |
|    | ☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.  |  |  |  |  |
|    | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |  |  |  |  |
| 1C | ☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard   |  |  |  |  |
|    | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |  |  |  |  |
|    | OR   |  |  |  |  |
|    | b.   I am performing homeland defense activity for a period of at least 90 days /or/  I performed homeland defense activity for a period of at least 90 days, terminating on   |  |  |  |  |
|    |  |  |  |  |  |

|   | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION  |  |  |   |  |                 |                         |
|---|---|--|--|---|--|-----------------|-------------------------|
|   | <ul> <li>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</li> <li>a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</li> <li>b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."</li> </ul> |  |  |   |  |                 |                         |
| 2 |   | Complete only Column A ("Debut Married, not filing jointly, without Column A ("Debtor's Income")  Married, filing jointly. Complete Income of the complete Incom | the declaration and Column B                             | n of separate<br>B ("Spouse'              | e households set out in Lins Income") for Lines 3-11 | l.              | -                       |
|   | a. 🔽  | Lines 3-11.  | ooth Column A  | A ("Debtor                                | 's income") and Column                               | B ("Spouse's in | come <sup>2</sup> ) for |
|   | All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.   |  |  | Column A Debtor's Income                  | Column B<br>Spouse's<br>Income                       |                 |                         |
| 3 | Gros  | ss wages, salary, tips, bonuses, ove   | ertime, commi  | ssions.                                   |  | \$              | \$ 867.7                |
| 4 | a and one b   | me from the operation of a busing<br>denter the difference in the appropriousiness, profession or farm, enter a<br>hment. Do not enter a number less to<br>nses entered on Line b as a deduction   | iate column(s)<br>ggregate numb<br>han zero. <b>Do n</b> | of Line 4. I<br>ers and pro<br>ot include | you operate more than vide details on an             |                 |                         |
|   | a.  | Gross receipts   |  | \$  |  |                 |                         |
|   | b.  | Ordinary and necessary business of   | expenses   | \$  |  |                 |                         |
|   | c.  | Business income  |  | Subtract I                                | ine b from Line a                                    | \$              | \$                      |
| 5 | diffe   | t and other real property income. rence in the appropriate column(s) of the operating operating of the operating operating operating operating operating operating operating ope | of Line 5. Do n  | ot enter a n                              | ımber less than zero. <b>Do</b>                      |                 |                         |
| 5 | a.  | Gross receipts   |  | \$  |  |                 |                         |
|   | b.  | Ordinary and necessary operating   | expenses   | \$  |  |                 |                         |
|   | c.  | Rent and other real property incor   | ne   | Subtract I                                | ine b from Line a                                    | \$              | \$                      |
| 6 | Inter   | rest, dividends, and royalties.  |  |   |  | \$              | \$                      |
| 7 | Pens  | ion and retirement income.   |  |   |  | \$              | \$                      |
| 8 | by your spouse if Column B is completed. Each regular payment should be reported in only  |  |  |   | \$ 750.00  | \$              |                         |
| 9 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |  |  |   |  |                 |                         |
|   | clai  | employment compensation<br>imed to be a benefit under the<br>sial Security Act   | Debtor \$  |   | Spouse \$  | \$              | \$                      |

|    | - · · · · · · · · · · · · · · · · · · ·   |                     | i.                 |              |  |
|----|---|---------------------|--------------------|--------------|--|
| 10 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. |                     |                    |              |  |
|    | a.  | \$                  |                    |              |  |
|    | b.  | \$                  |                    |              |  |
|    | Total and enter on Line 10  |                     | \$                 | \$           |  |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).   |                     | \$ 750.00          | \$ 867.75    |  |
| 12 | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   |                     | \$                 | 1,617.75     |  |
|    | Part III. APPLICATION OF § 707(B)(7) EXCLUSION  |                     |                    |              |  |
| 13 | Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the num 12 and enter the result.   |                     |                    | \$ 19,413.00 |  |
| 14 | <b>Applicable median family income.</b> Enter the median family income for the household size. (This information is available by family size at <a href="www.usdoj.">www.usdoj.</a> the bankruptcy court.)  |                     |                    |              |  |
|    | a. Enter debtor's state of residence: <b>Florida</b> b. Enter   | er debtor's househo | old size: <b>3</b> | \$ 54,934.00 |  |
|    | Application of Section707(b)(7). Check the applicable box and proceed as  | directed.           |                    |              |  |
| 15 | The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.   |                     |                    |              |  |
|    | ☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.   |                     |                    |              |  |

### Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

| Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)   |   |   |   |    |  |
|--|---|---|---|----|--|
| 16 Enter the amount from Line 12.  |   |   | \$  |    |  |
| 17   | Line<br>debto<br>paym<br>debto  | tal adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of an 11, Column B that was NOT paid on a regular basis for the household expenses of the present of the specify in the lines below the basis for excluding the Column B incent of the spouse's tax liability or the spouse's support of persons other than the deler's dependents) and the amount of income devoted to each purpose. If necessary, list the tents on a separate page. If you did not check box at Line 2.c, enter zero. | he debtor or the ome (such as otor or the |    |  |
|  | a.  |   | \$  |    |  |
|  | b.  |   | \$  |    |  |
|  | c.  |   | \$  |    |  |
|  | Tot   | al and enter on Line 17.  |   | \$ |  |
| 18   | 8 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result. |   |   | \$ |  |
| Part V. CALCULATION OF DEDUCTIONS FROM INCOME  |   |   |   |    |  |
| Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)  |   |   |   |    |  |
| National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. |   |   | \$  |    |  |

22A

### Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 41 of 48 **B22A** (Official Form 22A) (Chapter 7) (04/13) National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for 19B persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older Allowance per person Allowance per person a2. b2. b1. Number of persons Number of persons c1. Subtotal c2. Subtotal \$ Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable 20A family size consists of the number that would currently be allowed as exemptions on your federal income \$ tax return, plus the number of any additional dependents whom you support. Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. 20B IRS Housing and Utilities Standards; mortgage/rental expense Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 Net mortgage/rental expense Subtract Line b from Line a Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 21 Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to

# an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 1 o 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards:

If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)

| 22B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |  |    |
|-----|--|--|----|
| 23  | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b  |  | \$ |
| 24  | Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.  a. IRS Transportation Standards, Ownership Costs, Second Car  Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42  C. Net ownership/lease expense for Vehicle 2  Subtract Line b from Line a |  | \$ |
| 25  | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.   |  | \$ |
| 26  | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.  |  |    |
| 27  | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  |  |    |
| 28  | <ul> <li>whole life or for any other form of insurance.</li> <li>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</li> </ul>   |  |    |
| 29  | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |  |    |
| 30  | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  |  | \$ |
| 31  | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   |  |    |

| DEETT  | 22A (Official Form 22A) (Chapter 7) (04/13)  |                         |    |  |
|--|--|-------------------------|----|--|
| 32   | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.   |                         |    |  |
| 33   | Total Expenses Allowed under IRS Standards. Enter the total  | of Lines 19 through 32. | \$ |  |
|  | Subpart B: Additional Living I<br>Note: Do not include any expenses that y   |                         |    |  |
|  | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   |                         |    |  |
|  | a. Health Insurance  | \$                      |    |  |
|  | b. Disability Insurance  | \$                      |    |  |
| 34   | c. Health Savings Account  | \$                      |    |  |
|  | Total and enter on Line 34   |                         | \$ |  |
|  | If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  |                         |    |  |
| 35   | S  Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.   |                         |    |  |
| 36   | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |                         |    |  |
| 37   | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS  Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must  |                         |    |  |
| 38   | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or   |                         |    |  |
| 39   | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. |                         | \$ |  |
| 40   | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   |                         | \$ |  |
| Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 |  |                         | \$ |  |

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

### **Subpart C: Deductions for Debt Payment** Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. Does payment Average 42 Monthly include taxes or Name of Creditor Payment insurance? Property Securing the Debt \$ yes no \$ b. yes no \$ c. yes no Total: Add lines a, b and c. \$ Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 1/60th of the 43 Name of Creditor Cure Amount Property Securing the Debt \$ \$ b. \$ c. Total: Add lines a, b and c. \$ Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 44 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. \$ Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly chapter 13 plan payment. \$ Current multiplier for your district as determined under 45 schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Average monthly administrative expense of chapter 13 Total: Multiply Lines a and b case \$ \$ 46 **Total Deductions for Debt Payment.** Enter the total of Lines 42 through 45. **Subpart D: Total Deductions from Income** Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. 47

| DZZA (  | Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION   | N   |                |  |  |
|---|---|---|----------------|--|--|
| 48  | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  |   | \$             |  |  |
| 49  | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))   |   |                |  |  |
| 50  | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.  |   | \$             |  |  |
| 51  | 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.   |   |                |  |  |
|   | Initial presumption determination. Check the applicable box and proceed as directed.  |   |                |  |  |
|   |   | The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. |                |  |  |
| 52  | The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presur page 1 of this statement, and complete the verification in Part VIII. You may also complet the remainder of Part VI.                                |   |                |  |  |
|   | The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the 53 though 55).  | remainder of F  | Part VI (Lines |  |  |
| 53  | Enter the amount of your total non-priority unsecured debt  |   | \$             |  |  |
| 54  | Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.  |   | \$             |  |  |
|   | <b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.   |   |                |  |  |
| 55  | ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.  |   |                |  |  |
|   | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. |   |                |  |  |
|   | Part VII. ADDITIONAL EXPENSE CLAIMS   |   |                |  |  |
| Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are require and welfare of you and your family and that you contend should be an additional deduction from your curre income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures shou average monthly expense for each item. Total the expenses. |   |   |                |  |  |
|   | Expense Description   | Monthly A   | mount          |  |  |
| 56  | a.  | \$  |                |  |  |
|   | b.  | \$  |                |  |  |
|   | c.  | \$  |                |  |  |
|   | Total: Add Lines a, b and c   | \$  |                |  |  |
| Part VIII. VERIFICATION   |   |   |                |  |  |
|   | I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)  | orrect. (If this a  | joint case,    |  |  |
| 57  | Date: July 10, 2013 Signature: /s/ Richard G. Hickey, Jr.   |   |                |  |  |
| Date: July 10, 2013 Signature: /s/ Cindy R. Hickey  |   |   |                |  |  |

st Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

### Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 46 of 48

# **United States Bankruptcy Court Middle District of Florida**

| IN RE:                                |                                     | Case No   |
|---------------------------------------|-------------------------------------|---|
| Hickey, Richard G. Jr. & Hickey, Cind | y R.                                | Chapter <b>7</b>  |
|                                       | Debtor(s)                           | •   |
|                                       | VERIFICATION OF CRED                | OITOR MATRIX  |
| The above named debtor(s) hereby ve   | erify(ies) that the attached matrix | listing creditors is true to the best of my(our) knowledge. |
|                                       |                                     |   |
|                                       |                                     |   |
| Date: <b>July 10, 2013</b>            | Signature: /s/ Richard G. Hicke     | y, Jr.  |
|                                       | Richard G. Hickey,                  | Debtor  |
|                                       |                                     |   |
| Date: July 10, 2013                   | Signature: /s/ Cindy R. Hickey      |   |
|                                       | Cindy R. Hickey                     | Joint Debtor, if any  |

### Case 9:13-bk-09050-FMD Doc 1 Filed 07/10/13 Page 47 of 48

Hickey, Richard G. Jr. 1785 Four Mile Cove Parkwy, Ste 342 Cape Coral, FL 33990

First Premier Bank P.O. Box 5529 Sioux Falls, SD 57117-5529 **Nissan Motor Acceptance** P.O. Box 660366 Dallas, TX 75266-0366

Hickey, Cindy R. 1785 Four Mile Cove Parkwy, Ste 342 Cape Coral, FL 33990

**GE Capital** P.O. Box 965036 Orlando, FL 32896 **Professional Adjustment Corp** 6314 Corporate Court, Ste B Fort Myers, FL 33919

Cohen & Kendziorra, P.A. 5235 Ramsey Way, Ste 12 Fort Myers, FL 33907

**GE Money Bank** P.O. Box 965005 Orlando, FL 32896

**Security Credit Service** 2623 W. Oxford Loop Oxford, MS 38655-5442

**Capital One** P.O. Box 30281 Salt Lake City, UT 84130-0281 Gulf Breeze Rentals & Property Mgmt, LLC Suncoast Schools FCU 3321 Del Prado Blvd Cape Coral, FL 33904-0000

Attn: Bankruptcy Department P.O. Box 11904 Tampa, FL 33680-1857

**Capital One Auto Finance** 3905 Dallas Parkway **Dallas, TX 75093** 

**Gulf Coast Collection Bureau** 5630 Marquesas Circle Sarasota, FL 34233

Zakheim & Lavrar, P.A. 1045 S. University Drive, Ste 202 Plantation, FL 33324

Cavalary SPV II, LLC C/O Hayt, Hayt & Landau, P.L. 7765 SW 87th Avenue, Ste 101 Miami, FL 33173

**Inpatient Specialist Of Southwest** P.O. Box 11155 Belfast, ME 04915

**Cavalry Portfolio Services, LLC** P.O. Box 27288 Tempe, AZ 85285

Kass Shuler, P.A. P.O. Box 800 Tampa, FL 33601

**Century Link** C/O Robinson Reagan And You 105 Broadway, Ste 300 Nashville, TN 37201

**Merchants Association Collection** P.O. Box 972 Tampa, FL 33602-5354

Citibank P.O. Box 6282 Sioux Falls, SD 57117 **Merchants Association Collection** P.O, Box 972 Tampa, FL 33602-5354

**Financial Credit Service** P.O. Box 90 Clearwater, FL 33757

Midland Credit Management Inc 8875 Aero Drive, Ste 200 San Diegoi, CA 92123-2255

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# **United States Bankruptcy Court Middle District of Florida**

| IN RE: Hickey, Richard G. Jr. & Hickey, Cindy R. |   |   | Case No  |  |  |
|--|---|---|--|--|--|
|  |   |   | Chapter 7  |  |  |
|  | Debtor  | (s)   | -  |  |  |
|  | DISCLOSURE OF   | COMPENSATION OF ATTORNEY  | Y FOR DEBTOR   |  |  |
| 1.   |   | or agreed to be paid to me, for services rendered or to   | amed debtor(s) and that compensation paid to me within be rendered on behalf of the debtor(s) in contemplation |  |  |
|  | For legal services, I have agreed to accept   |   | \$1,500.00   |  |  |
|  | Prior to the filing of this statement I have received   |   | \$   |  |  |
|  | Balance Due   |   | \$\$   |  |  |
| 2.   | The source of the compensation paid to me was:  | Debtor Other (specify): <b>family</b>   |  |  |  |
| 3.   | The source of compensation to be paid to me is: $\Box$ I  | Debtor Other (specify):   |  |  |  |
| 4.   | I have not agreed to share the above-disclosed com  | pensation with any other person unless they are memb  | pers and associates of my law firm.  |  |  |
|  | I have agreed to share the above-disclosed compet together with a list of the names of the people share |   | or associates of my law firm. A copy of the agreement,   |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects of the bankruptcy cas   | se, including:   |  |  |
|  | b. Preparation and filing of any petition, schedules, st  | dering advice to the debtor in determining whether to attement of affairs and plan which may be required; itors and confirmation hearing, and any adjourned hearing and other contested bankruptey matters; |  |  |  |
| 6.   | By agreement with the debtor(s), the above disclosed fe   | e does not include the following services:  |  |  |  |
|  | certify that the foregoing is a complete statement of any a proceeding.                                 | CERTIFICATION sgreement or arrangement for payment to me for representations.   | sentation of the debtor(s) in this bankruptcy  |  |  |
|  | July 10, 2013   | /s/ Robert S. Cohen   |  |  |  |
|  | Date  | Robert S. Cohen 564079 Cohen & Kendziorra, P.A. 5235 Ramsey Way, Ste 12 Fort Myers, FL 33907 (239) 931-1111 Fax: (239) 931-1114 cokenpa2@yahoo.com  |  |  |  |